

# Department of Regulation & Licensing

## State of Wisconsin

Information requested is  
required for processing.

P.O. Box 8935, Madison, WI 53708-8935

(608) 266-5441

TTY# (608) 267-2416, hearing or speech  
TRS# 1-800-947-3529, impaired only

## DENTISTRY EXAMINING BOARD

### DENTAL HYGIENE CERTIFICATE OF PROFESSIONAL EDUCATION

THIS FORM MUST BE COMPLETED BY YOUR DENTAL HYGIENE SCHOOL  
AND RETURNED TO THE DENTISTRY EXAMINING BOARD

<b>APPLICANT - Please complete this section.</b>	
<b>NAME</b> (First, Middle, Maiden, Last) _____	<b>Social Security Number*</b> ____ - ____ - _____
<b>ADDRESS</b> (City, State, Zip) _____	<b>Date of Graduation</b> __ / __ / __
<b>CERTIFYING SCHOOL - Please complete this section.</b>	
<b>NAME OF INSTITUTION</b> _____	<b>LOCATION OF INSTITUTION</b> _____
<b>DEGREE AWARDED</b> _____	<b>MAJOR</b> _____
<b>DATE DIPLOMA GRANTED**</b> _____	

\_\_\_\_\_  
Signature of Dean or Department Head

\_\_\_\_\_  
Date

**SCHOOL SEAL**

\* For use in the school locating your records.

\*\* **DO NOT COMPLETE THIS FORM UNTIL THE INDIVIDUAL NAMED ABOVE HAS ACTUALLY GRADUATED.** Anticipated dates of graduation will not be accepted.

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Ch. 447, Stats.

Committed to Equal Opportunity in Employment and Licensing